

14822



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

Information necessary for the Certificate of Death has been completed for:

| | | |
|--------------|---|--|
| DECEDENT | Decedent Name NIX , ANNE L | |
| | Place of Death 271 CORDAVILLE ROAD, SOUTHBOROUGH, MA | |
| | Date of Death APRIL 21, 2015 | Date of Birth MARCH 15, 1938 Sex FEMALE |
| | Residence 271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| | Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ | |
| | Date entered (most recent) _____ | Date Discharged (most recent) _____ Service Number (most recent) _____ |
| | Certifier PRAMOD CHIRA, MD Lic # 41470 | |
| DISPOSITION | Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701 | |
| | Immediate Cause of Death CARDIAC ARREST | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | |
| | Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881 Facility WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 23, 2015 Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 | |
| PERMIT | Registry of Vital Records and Statistics | |
| | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 019801 | Local Permit # E-PERMIT |
| | Date APRIL 23, 2015 | Date _____ Name of Agent _____ |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) Evergreen Cemetery Crem C114 135 Wilson Street Marlborough, MA 01752 | Signature X |
| | Disposition Type Crem Burial | Date of Disposition June 18, 2019 |
| | Name of Superintendent or Authorized Designee: Michael K. Urato | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|---|--|---|---|-----------------|
|  0000018238 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 000009 <div style="text-align: right;"> RECEIVED SOUTHBOROUGH, MA 2015 MAR 17 P 1:49 </div> | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name ALAN , RAMON -- | | | | |
| | Place of Death 8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death JANUARY 02, 2015 | | Date of Birth FEBRUARY 20, 1925 | | Sex MALE |
| | Residence 8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) --- Branch of military (most recent) --- Rank/organization/outfit (most recent) --- Date entered (most recent) --- Date Discharged (most recent) --- Service Number (most recent) --- | | | | |
| CERTIFIER | Certifier GUY NAPOLITANA, MD Lic # 59589 | | | | |
| | Addr. 41 MALL ROAD, BURLINGTON, MASSACHUSETTS 01805 | | | | |
| | Immediate Cause of Death CONGESTIVE HEART FAILURE | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition JANUARY 05, 2015 | | |
| | Place/Address MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 000009 | | Local Permit # 14-18 | | |
| | Date JANUARY 02, 2015 | | Date JANUARY 04, 2015 Name of Agent PAUL J. BERRY | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Mount Auburn Cemetery & Crematory Cambridge, Ma | | Signature  | | |
| | Disposition Type Cremation | Date of Disposition JAN 8 2015 | Name of Superintendent or Authorized Designee: | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|---|--|--|---------------------------------|-----------------------------------|
|  0000020177 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 001392 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name HINDS , SANDRA L. | | | | |
| | Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA | | | | |
| | Date of Death JANUARY 09, 2015 | | Date of Birth JUNE 12, 1947 | | Sex FEMALE |
| | Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | | | |
| | Date entered(most recent) _____ | | Date Discharged (most recent) _____ | | Service Number(most recent) _____ |
| | Certifier PATRICK GUADIZ, MD Lic # 222979 | | | | |
| | Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721 | | | | |
| | Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition JANUARY 13, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 001392 | | Local Permit # 15-2 | | |
| | Date JANUARY 12, 2015 | | Date JANUARY 12, 2015 Name of Agent PAUL J. BERRY | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) | | | Signature X | |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | | |


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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|--|---|---|--|--------------------------------------|---|
|  0000020177 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 001392 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name HINDS , SANDRA L | | | | |
| | Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA | | | | |
| | Date of Death JANUARY 09, 2015 | | Date of Birth JUNE 12, 1947 | | Sex FEMALE |
| | Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | | | |
| | Date entered(most recent) _____ | | Date Discharged (most recent) _____ | | Service Number(most recent) _____ |
| | Certifier PATRICK GUADIZ, MD Lic # 222979 | | | | |
| | Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721 | | | | |
| | Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition JANUARY 13, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 001392 | | Local Permit # 15-2 | | |
| | Date JANUARY 12, 2015 | | Date JANUARY 12, 2015 Name of Agent PAUL J. BERRY | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 | | | Signature X John H. Cobill | |
| | Disposition Type Cremation | | Date of Disposition JAN 19 2015 | | Name of Superintendent or Authorized Designee: John H. Cobill |

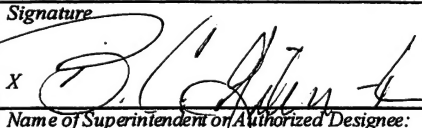
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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|--|---|---|--|---|---------------------|
|  0000020177 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 001392 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name HINDS , SANDRA L | | | | |
| | Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA | | | | |
| | Date of Death JANUARY 09, 2015 | | Date of Birth JUNE 12, 1947 | | Sex FEMALE |
| | Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____ | | | | |
| CERTIFIER | Certifier PATRICK GUADIZ, MD | | | | Lic # 222979 |
| | Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721 Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition JANUARY 13, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 001392 | | Local Permit # 15-2 | | |
| | Date JANUARY 12, 2015 | | Date JANUARY 12, 2015 | | |
| | | Name of Agent PAUL J. BERRY | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#135A | | | Signature  | |
| | Disposition Type burial of cremated remains | | | Name of Superintendent or Authorized Designee: Bridget A. Gillyeney-DeCenzo | |
| | Date of Disposition July 23, 2015 | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000028573

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 008128

Information necessary for the Certificate of Death has been completed for:

| | |
|-----------------|--|
| DECEDENT | <i>Decedent Name</i> DAKAI , EDWARD THOMAS |
| | <i>Place of Death</i> 28 OREGON ROAD, SOUTHBOROUGH, MA |
| | <i>Date of Death</i> FEBRUARY 14, 2015 <i>Date of Birth</i> JULY 12, 1946 <i>Sex</i> MALE |
| | <i>Residence</i> 28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> VIETNAM |
| DECEDENT | <i>Branch of military (most recent)</i> MARINE CORPS <i>Rank/organization/outfit(most recent)</i> PFC |
| | <i>Date entered(most recent)</i> AUGUST 29, 1963 <i>Date Discharged (most recent)</i> MARCH 14, 1968 <i>Service Number(most recent)</i> 2067114 |
| | <i>Certifier</i> DAVID CARLSON, MD <i>Lic #</i> 227107 |
| | <i>Addr.</i> 33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581 |
| | <i>Immediate Cause of Death</i> METASTASIZED BLADDER CANCER |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | |
|--------------------|---|
| DISPOSITION | <i>Funeral Licensee/ Designee</i> NANCY G MORRIS <i>Lic #</i> 50277 |
| | <i>Facility.</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS |
| | <i>Disposition Type</i> BURIAL <i>Date of Disposition</i> FEBRUARY 19, 2015 |
| | <i>Place/Address</i> BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532 |

Endorsements

| | | |
|---------------|---|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | <i>State Tracking #</i> 008128 | <i>Local Permit #</i> 15-3 |
| | <i>Date</i> FEBRUARY 17, 2015 | <i>Date</i> FEBRUARY 17, 2015 |
| | | <i>Name of Agent</i> MICHELLE JENKINS |

| | | | |
|---------------------|---|----------------------------|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | <i>Place of Disposition (Facility Name and Address)</i> | | <i>Signature</i> |
| | | | X |
| | <i>Disposition Type</i> | <i>Date of Disposition</i> | <i>Name of Superintendent or Authorized Designee:</i> |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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0000028573

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2015 008128** **FILE**

2015 JUL -8 P 1:44

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

| | | | |
|-------------------------------|--|--|--|
| DECEDENT | Decedent Name DAKAI , EDWARD THOMAS | | |
| | Place of Death 28 OREGON ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death FEBRUARY 14, 2015 | Date of Birth JULY 12, 1946 | Sex MALE |
| | Residence 28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM | | |
| | Branch of military (most recent) MARINE CORPS | | Rank/organization/outfit (most recent) PFC |
| | Date entered (most recent) AUGUST 29, 1963 | Date Discharged (most recent) MARCH 14, 1968 | Service Number (most recent) 2067114 |
| | Certifier DAVID CARLSON, MD Lic # 227107 | | |
| | Addr. 33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581 | | |
| DISPOSITION | Immediate Cause of Death METASTASIZED BLADDER CANCER | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| PERMIT | Disposition Type BURIAL Date of Disposition FEBRUARY 19, 2015 | | |
| | Place/Address BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532 | | |
| | Endorsements | | |
| | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 008128 | | Local Permit # 15-3 |
| Date FEBRUARY 17, 2015 | | Date FEBRUARY 17, 2015 | |
| | | Name of Agent MICHELLE JENKINS | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) INTERRED | | Signature |
| | Disposition Type MASSACHUSETTS NATIONAL CEMETERY, BOURNE, MA | Date of Disposition 2-19-15 | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000029188

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 008183

Information necessary for the Certificate of Death has been completed for:



| | | | |
|---|--|--|--|
| DECEDENT | Decedent Name MELEONES , HELEN --- | | |
| | Place of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death FEBRUARY 16, 2015 | Date of Birth APRIL 22, 1930 | Sex FEMALE |
| | Residence 71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) --- Rank/organization/outfit(most recent) --- | | |
| | Date entered(most recent) --- | Date Discharged (most recent) --- | Service Number(most recent) --- |
| | Certifier EDWARD P. HOFFER, MD Lic # 35453 | | |
| | Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death LUNG CANCER | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type BURIAL Date of Disposition FEBRUARY 23, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 008183 | Local Permit # 15-4 | |
| | Date FEBRUARY 17, 2015 | Date FEBRUARY 17, 2015 | |
| | | Name of Agent MICHELLE JENKINS | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|--|--|--|--|---|------------------------------------|
|  0000029188 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 008183 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name MELEONES, HELEN | | | | |
| | Place of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death FEBRUARY 16, 2015 | | Date of Birth APRIL 22, 1930 | | Sex FEMALE |
| | Residence 71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| | Branch of military (most recent) _____ Rank/organization/unit (most recent) _____ | | | | |
| | Date entered (most recent) _____ | | Date Discharged (most recent) _____ | | Service Number (most recent) _____ |
| | Certifier EDWARD P. HOFFER, MD Lic # 35453 Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702 | | | | |
| Immediate Cause of Death LUNG CANCER | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 23, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 008183 | | Local Permit # 15-4 | | |
| | Date FEBRUARY 17, 2015 | | Date FEBRUARY 17, 2015 Name of Agent MICHELLE JENKINS | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery, Southborough, MA | | | Signature  | |
| | Sec. G, Grv#15 | | | Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo | |
| | Disposition Type Full Earth Burial | | Date of Disposition February 23, 2015 | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | |
|---|---|---|--|
|  0000030851 Form R-309 07012014 |  | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | State File # 2015 009886 |
| Information necessary for the Certificate of Death has been completed for: | | | |
| DECEDENT | Decedent Name BURGESS , JANICE MARY | | |
| | Place of Death 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA | | |
| | Date of Death FEBRUARY 23, 2015 | | Date of Birth APRIL 30, 1953 |
| | Sex FEMALE | | |
| | Residence 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- | | Date Discharged (most recent) --- |
| | Service Number(most recent) --- | | |
| | Certifier SUSANAMARIA CAMPOS, MD Lic # 81482 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death OVARIAN CANCER | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee EUGENE J MCCARTHY, JR Lic # 5369 | | |
| | Facility EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 27, 2015 |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 009886 | | Local Permit # 15-5 |
| | Date FEBRUARY 25, 2015 | | Date FEBRUARY 25, 2015 Name of Agent MICHELLE JENKINS |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature X |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|--|---|---|---------------------------------|-------------------|
|  0000030851 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 009886 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name BURGESS , JANICE MARY | | | | |
| | Place of Death 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA | | | | |
| | Date of Death FEBRUARY 23, 2015 | | Date of Birth APRIL 30, 1953 | | Sex FEMALE |
| | Residence 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | | | | |
| CERTIFIER | Certifier SUSANA MARIA CAMPOS, MD Lic # 81482 | | | | |
| | Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 | | | | |
| | Immediate Cause of Death OVARIAN CANCER | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee EUGENE J MCCARTHY, JR Lic # 5369 | | | | |
| | Facility. EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS | | | | |
| | Disposition Type BURIAL | | Date of Disposition FEBRUARY 27, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 009886 | | Local Permit # 15-5 | | |
| | Date FEBRUARY 25, 2015 | | Date FEBRUARY 25, 2015 Name of Agent MICHELLE JENKINS | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Sec. M, Grv#365 | | Signature  | | |
| | Disposition Type Full Earth Burial | Date of Disposition February 27, 2015 | Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000034915

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 012433

OCME CASE # 2015-3276

Information necessary for the Certificate of Death has been completed for:

| | | | |
|---------------------|--|-------------------------------------|--|
| DECEDENT | Decedent Name WAUGH , BEATRICE --- | | |
| | Place of Death 261 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death MARCH 09, 2015 | Date of Birth MAY 11, 1918 | Sex FEMALE |
| | Residence 261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ | Service Number(most recent) _____ |
| | Certifier RICHARD J. EVANS, MD Lic # 58622 | | |
| | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | |
| DISPOSITION | Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type CREMATION Date of Disposition MARCH 12, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 012433 | | Local Permit # 15-6 |
| | Date MARCH 11, 2015 | | Date MARCH 11, 2015 |
| CONFIRMATION | Name of Agent MICHELLE JENKINS | | |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | Disposition Type | | Name of Superintendent or Authorized Designee: |



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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|---|--|---|--|--|
|  | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 012433 OCME CASE # 2015-3276 |
| 0000034915 Form R-309 07012014 | | 2015 MAR 24 P 1:51 SOUTHBOROUGH, MA | | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name WAUGH, BEATRICE | | | |
| | Place of Death 261 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | | |
| | Date of Death MARCH 09, 2015 | | Date of Birth MAY 11, 1918 | |
| | Sex FEMALE | | | |
| | Residence 261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ | | | |
| | Date entered (most recent) _____ | | Date Discharged (most recent) _____ | |
| | Service Number (most recent) _____ | | Certifier RICHARD J. EVANS, MD | |
| | Lic # 58622 | | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | |
| | Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 | | | |
| | Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type CREMATION | | Date of Disposition MARCH 12, 2015 | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | |
| Endorsements | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 012433 | | Local Permit # 15-6 | |
| | Date MARCH 11, 2015 | | Date MARCH 11, 2015 | |
| Name of Agent MICHELLE JENKINS | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (County Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605 | | Signature  | |
| | Disposition Type Cremation | Date of Disposition MAR 17 2015 | Name of Superintendent or Authorized Designee: John H. Cahill | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000036232

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 012921

Information necessary for the Certificate of Death has been completed for:

| | |
|------------------|--|
| DECEDENT | <i>Decedent Name</i> COLDWELL , STEPHEN OWEN |
| | <i>Place of Death</i> 85 MIDDLE ROAD, SOUTHBOROUGH, MA |
| | <i>Date of Death</i> MARCH 13, 2015 <i>Date of Birth</i> MAY 07, 1939 <i>Sex</i> MALE |
| | <i>Residence</i> 85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 |
| | <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO |
| CERTIFIER | <i>Branch of military (most recent)</i> --- |
| | <i>Rank/organization/outfit(most recent)</i> --- |
| | <i>Date entered(most recent)</i> --- |
| | <i>Date Discharged (most recent)</i> --- |
| | <i>Service Number(most recent)</i> --- |
| CERTIFIER | <i>Certifier</i> LAKSHMI NAYAK, MD <i>Lic #</i> 247880 |
| | <i>Addr.</i> 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 |
| | <i>Immediate Cause of Death</i> MALIGNANT GLIOMA |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | |
|--------------------|--|
| DISPOSITION | <i>Funeral Licensee/ Designee</i> NANCY G MORRIS <i>Lic #</i> 50277 |
| | <i>Facility.</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS |
| | <i>Disposition Type</i> BURIAL <i>Date of Disposition</i> MARCH 18, 2015 |
| | <i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 |

Endorsements

| | | |
|---------------|---|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | <i>State Tracking #</i> 012921 | <i>Local Permit #</i> 15-7 |
| | <i>Date</i> MARCH 13, 2015 | <i>Date</i> MARCH 16, 2015 |
| | | <i>Name of Agent</i> MICHELLE JENKINS |


| | | | |
|---------------------|---|----------------------------|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | <i>Place of Disposition (Facility Name and Address)</i> | | <i>Signature</i> |
| | <i>Disposition Type</i> | <i>Date of Disposition</i> | <i>Name of Superintendent or Authorized Designee:</i> |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|--|--|---|---|-----------------|
|  0000036232 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 012921 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> RECEIVED 2015 MAR 25 A 11:20 SOUTHBOROUGH, MA </div> | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name COLDWELL , STEPHEN OWEN | | | | |
| | Place of Death 85 MIDDLE ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death MARCH 13, 2015 | | Date of Birth MAY 07, 1939 | | Sex MALE |
| | Residence 85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | | | | |
| CERTIFIER | Certifier LAKSHMI NAYAK, MD Lic # 247880 | | | | |
| | Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death MAGNIGNANT GLIOMA | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type BURIAL | | Date of Disposition MARCH 18, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 012921 | | Local Permit # E-PERMIT | | |
| | Date MARCH 13, 2015 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Sec. 5, Lot 13-A, Grv#1 | | Signature  | | |
| | Disposition Type Full Earth Burial | Date of Disposition March 18, 2015 | Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000037832

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 016243

OCME CASE # 2015-3635

Information necessary for the Certificate of Death has been completed for:

| | | |
|--|--|---|
| DECEDENT | Decedent Name FERRIS , DONALD F | |
| | Place of Death 6 ANDREWS WAY, SOUTHBOROUGH, MA | |
| | Date of Death MARCH 17, 2015 | Date of Birth MARCH 13, 1945 Sex MALE |
| | Residence 6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| | If U.S. veteran, specify war/conflict(s) (most recent) UNKNOWN | |
| CERTIFIER | Branch of military (most recent) MARINE CORPS | |
| | Rank/organization/outfit (most recent) --- | |
| | Date entered (most recent) --- | Date Discharged (most recent) --- |
| | Service Number (most recent) --- | |
| | Certifier RICHARD J. EVANS, MD Lic # 58622 | |
| CERTIFIER | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | |
| | Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| DISPOSITION | Funeral Licensee/ Designee JOHN PROWE Lic # 5375 | |
| | Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS | |
| | Disposition Type CREMATION | Date of Disposition APRIL 03, 2015 |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 016243 | Local Permit # 15-8 |
| | Date APRIL 02, 2015 | Date APRIL 02, 2015 Name of Agent MICHELLE JENKINS |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) | Signature X |
| | Disposition Type | Date of Disposition |
| Name of Superintendent or Authorized Designee: | | |



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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|--|--|---|--|--|
|  | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 016243 OCME CASE # 2015-3635 |
| 0000037832 Form R-309 07012014 | | 2015 APR 30 A 9:42 SOUTHBOROUGH, MA | | |
| Information necessary for the Certificate of Death has been completed for: | | | | |
| DECEDENT | Decedent Name FERRIS, DONALD F | | | |
| | Place of Death 6 ANDREWS WAY, SOUTHBOROUGH, MA | | | |
| | Date of Death MARCH 17, 2015 | | Date of Birth MARCH 13, 1945 Sex MALE | |
| | Residence 6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) UNKNOWN Branch of military (most recent) MARINE CORPS Rank/organization/outfit (most recent) --- Date entered (most recent) --- Date Discharged (most recent) --- Service Number (most recent) --- | | | |
| CERTIFIER | Certifier RICHARD J. EVANS, MD | | | Lic # 58622 |
| | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/Designee JOHN PROWE | | | Lic # 5375 |
| | Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type CREMATION | | Date of Disposition APRIL 03, 2015 | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | |
| Endorsements | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 016243 | | Local Permit # E-PERMIT | |
| | Date APRIL 02, 2015 | | Date --- Name of Agent --- | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 | | Signature John H Cobill X | |
| | Disposition Type Cremation | Date of Disposition APR 02 2015 | Name of Superintendent or Authorized Designee: John H Cobill | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|--|--|
| DECEDENT | Decedent Name NIX , ANNE L | | |
| | Place of Death 271 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death APRIL 21, 2015 | Date of Birth MARCH 15, 1938 | Sex FEMALE |
| | Residence 271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ | Service Number(most recent) _____ |
| | Certifier PRAMOD CHIRA, MD Lic # 41470 | | |
| | Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| | Immediate Cause of Death CARDIAC ARREST | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881 | | |
| | Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS | | |
| | Disposition Type CREMATION | Date of Disposition APRIL 23, 2015 | |
| | Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 019801 | Local Permit # 15-9 | |
| | Date APRIL 23, 2015 | Date APRIL 23, 2015 | |
| | | Name of Agent MICHELLE JENKINS | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

14822



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

RECEIVED

VITAL RECORDS OFFICE

2015 MAY 12 P 2:02

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|--|--|----------------|
| DECEDENT | Decedent Name | NIX, ANNE L | | |
| | Place of Death | 271 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | APRIL 21, 2015 | Date of Birth | MARCH 15, 1938 |
| | Sex | FEMALE | | |
| | Residence | 271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) | | | |
| | NO | | | |
| | Branch of military (most recent) | | Rank/organization/outfit (most recent) | |
| | Date entered (most recent) | | Date Discharged (most recent) | |
| | Service Number (most recent) | | | |
| CERTIFIER | Certifier | PRAMOD CHIRA, MD | | |
| | Addr. | 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| | Immediate Cause of Death | CARDIAC ARREST | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|--|---------------------|
| DISPOSITION | Funeral Licensee/ Designee | PHILLIP R. SHORT | Lic # 50881 |
| | Facility | WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS | |
| | Disposition Type | CREMATION | Date of Disposition |
| | Place/Address | ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 | |

Endorsements

| | | | | |
|--------|--|----------------------------|----------------|----------|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: | SOUTHBOROUGH | |
| | State Tracking # | 019801 | Local Permit # | E-PERMIT |
| | Date | APRIL 23, 2015 | Date | — |
| | | | Name of Agent | — |

| | | | |
|--------------|--|---------------------|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | Signature | |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |
| | All Faiths Crematory Worcester | 4-24-2015 | Sean P. Anderson |
| | Cremation | | Sean P. Anderson |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000052478

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 023029

Information necessary for the Certificate of Death has been completed for:

| | |
|------------------|--|
| DECEDENT | Decedent Name COLDWELL , RAYMOND E |
| | Place of Death 83 MIDDLE ROAD, SOUTHBOROUGH, MA |
| | Date of Death MAY 11, 2015 Date of Birth MARCH 06, 1941 Sex MALE |
| | Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO |
| | Branch of military (most recent) --- Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- Date Discharged (most recent) --- Service Number(most recent) --- |
| CERTIFIER | Certifier CONNIE R DREXLER, MD Lic # 71130 |
| | Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 |
| | Immediate Cause of Death MESOTHELIOMA |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | |
|--------------------|--|
| DISPOSITION | Funeral Licensee/ Designee JOHN PROWE Lic # 5375 |
| | Facility: JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS |
| | Disposition Type CREMATION Date of Disposition MAY 14, 2015 |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 |

Endorsements

| | | |
|---------------|---|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 023029 | Local Permit # 15-10 |
| | Date MAY 12, 2015 | Date MAY 13, 2015 |
| | | Name of Agent MICHELLE JENKINS |

| | | | |
|---------------------|---|----------------------------|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61506



0000052478

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 023029

RECEIVED
2015 MAY 26 P 5:57
SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

| | | |
|--|--|---|
| DECEDENT | Decedent Name COLDWELL , RAYMOND E | |
| | Place of Death 83 MIDDLE ROAD, SOUTHBOROUGH, MA | |
| | Date of Death MAY 11, 2015 | Date of Birth MARCH 06, 1941 Sex MALE |
| | Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ Service Number(most recent) _____ |
| | Certifier CONNIE R DREXLER, MD Lic # 71130 | |
| | Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 | |
| | Immediate Cause of Death MESOTHELIOMA | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| DISPOSITION | Funeral Licensee/ Designee JOHN PROWE Lic # 5375 | |
| | Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS | |
| | Disposition Type CREMATION | Date of Disposition MAY 14, 2015 |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 023029 | Local Permit # E-PERMIT |
| | Date MAY 12, 2015 | Date _____ Name of Agent _____ |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605 | Signature X John H. Cobelli |
| | Disposition Type Crementation | Date of Disposition MAY 15 2015 Name of Superintendent or Authorized Designee: John H. Cobelli |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000055713

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 025857

Information necessary for the Certificate of Death has been completed for:

| | | | |
|---|---|--|--|
| DECEDENT | Decedent Name PENDERGAST , JOHN W | | |
| | Place of Death 3 SKYLAR DRIVE, SOUTHBOROUGH, MA | | |
| | Date of Death MAY 28, 2015 | Date of Birth NOVEMBER 21, 1951 | Sex MALE |
| | Residence 3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- | Date Discharged (most recent) --- | Service Number(most recent) --- |
| | Certifier NAHIDA ISLAM, MD | | Lic # 246494 |
| | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | |
| | Immediate Cause of Death ESOPHAGEAL ADENOCARCINOMA METASTATIC | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee STEPHEN F. GEMELLI Lic # 6280 | | |
| | Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS | | |
| | Disposition Type CREMATION Date of Disposition JUNE 01, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | |
| | Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 025857 | | Local Permit # 15-11 |
| | Date JUNE 01, 2015 | | Date JUNE 01, 2015 |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61600

| | | | | | |
|---|--|---|---|--|--|
|  0000055713 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 025857 RECEIVED OFFICE 2015 JUN 18 A 8:23 SOUTHBOROUGH, MA | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name PENDERGAST, JOHN W Place of Death 3 SKYLAR DRIVE, SOUTHBOROUGH, MA Date of Death MAY 28, 2015 Date of Birth NOVEMBER 21, 1951 Sex MALE Residence 3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____ | | | | |
| | Certifier NAHIDA ISLAM, MD Lic # 246494 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | | | |
| | Immediate Cause of Death ESOPHAGEAL ADENOCARCINOMA METASTATIC | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee STEPHEN F. GEMELLI Lic # 6280 Facility MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JUNE 01, 2015 Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| | Endorsements | | | | |
| | Registry of Vital Records and Statistics State Tracking # 025857 Date JUNE 01, 2015 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____ | | |
| | CONFIRMATION I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 Disposition Type Cremation Date of Disposition JUN 01 2015 | | | | |
| Signature John H Cobelli Name of Superintendent or Authorized Designee: John H Cobelli | | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000061806

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 030731

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|--|-------------------|
| DECEDENT | Decedent Name VANNI , ALMA LEOLA | | |
| | Place of Death 199 PARKERVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death JUNE 29, 2015 | Date of Birth FEBRUARY 27, 1934 | Sex FEMALE |
| | Residence 199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| CERTIFIER | Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____ | | |
| | Certifier ALLA BOLKHOVSKY, MD Lic # 50367 | | |
| | Addr. 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| DISPOSITION | Immediate Cause of Death METASTATIC BREAST CANCER | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| PERMIT | Disposition Type BURIAL Date of Disposition JULY 07, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | Endorsements | | |
| | Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH | | |
| CONFIRMATION | State Tracking # 030731 Local Permit # 15-12 | | |
| | Date JULY 01, 2015 Date JULY 01, 2015 | | |
| | Name of Agent JAMES F. HEGARTY | | |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| CONFIRMATION | Place of Disposition (Facility Name and Address) | | |
| | Signature X | | |
| | Disposition Type | Date of Disposition | |
| Name of Superintendent or Authorized Designee: | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000061806

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 030731

RECEIVED

OFFICE

2015 JUL -9 A 9:32

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|---|-----------------------------|-------------------|
| DECEDENT | Decedent Name | VANNI , ALMA LEOLA | | |
| | Place of Death | 199 PARKERVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | JUNE 29, 2015 | Date of Birth | FEBRUARY 27, 1934 |
| | Sex | FEMALE | | |
| | Residence | 199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) | NO | | |
| | Branch of military (most recent) | Rank/organization/outfit(most recent) | | |
| | Date entered(most recent) | Date Discharged (most recent) | Service Number(most recent) | |
| | Certifier | ALLA BOLKHOVSKY, MD | | |
| | Addr. | 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| | Immediate Cause of Death | METASTATIC BREAST CANCER | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | | |
|-------------|----------------------------|---|---------------------|---------------|
| DISPOSITION | Funeral Licensee/ Designee | NANCY G MORRIS | Lic # | 50277 |
| | Facility | MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type | BURIAL | Date of Disposition | JULY 07, 2015 |
| | Place/Address | RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |

Endorsements

| | | | | |
|--------|--|----------------------------|----------------|----------|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: | SOUTHBOROUGH | |
| | State Tracking # | 030731 | Local Permit # | E-PERMIT |
| | Date | JULY 01, 2015 | Date | — |
| | | | Name of Agent | — |

| | | | |
|-------------------|--|--|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | Signature | |
| | 11 Cordaville Rd., Southborough, MA Sec. 1-C, Lot C-1, Grv#3 | (X) [Signature] | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |
| Full Earth Burial | July 7, 2015 | Bridget A. Gilleney-DeCenzo | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

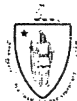
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000062689

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 031207

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|---|---------------|----------------|
| DECEDENT | Decedent Name | LEVANGIE , ROBERT FRANCIS | | |
| | Place of Death | 3 MAPELCREST DRIVE, SOUTHBOROUGH, MA | | |
| | Date of Death | JULY 04, 2015 | Date of Birth | APRIL 23, 1938 |
| | Residence | 3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | | | |
| CERTIFIER | Certifier | JUSTIN DORFMAN, DO | | |
| | Addr. | 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | Immediate Cause of Death | INVASIVE ORAL CANCER | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|---|-----------------------------------|
| DISPOSITION | Funeral Licensee/ Designee | NANCY G MORRIS | Lic # 50277 |
| | Facility. | MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type | BURIAL | Date of Disposition JULY 08, 2015 |
| | Place/Address | RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |

Endorsements

| | | |
|--------|--|---|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 031207 | Local Permit # 15-13 |
| | Date JULY 06, 2015 | Date JULY 07, 2015 |
| | | Name of Agent JAMES F. HEGARTY |


| | | | |
|--------------|--|---------------------|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|--|--|--|---|---------------------------------|-----------------|
|  0000062689 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 031207 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name LEVANGIE , ROBERT FRANCIS | | | | |
| | Place of Death 3 MAPELCREST DRIVE, SOUTHBOROUGH, MA | | | | |
| | Date of Death JULY 04, 2015 | | Date of Birth APRIL 23, 1938 | | Sex MALE |
| | Residence 3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | | | | |
| CERTIFIER | Certifier JUSTIN DORFMAN, DO Lic # 226691 | | | | |
| | Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Immediate Cause of Death INVASIVE ORAL CANCER | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type BURIAL | | Date of Disposition JULY 08, 2015 | | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 031207 | | Local Permit # E-PERMIT | | |
| | Date JULY 06, 2015 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. I, Grv#218 | | Signature  | | |
| | Disposition Type Full Earth Burial | Date of Disposition July 8, 2015 | Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | |
|---|--|---|---|
|  0000066632 Form R-309 07012014 |  | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | State File # 2015 034806 |
| Information necessary for the Certificate of Death has been completed for: | | | |
| DECEDENT | Decedent Name HARNEY , MARI-JO CHARLEBOIS | | |
| | Place of Death 47 GLEN COURT, SOUTHBOROUGH, MA | | |
| | Date of Death JULY 24, 2015 | | Date of Birth NOVEMBER 30, 1947 |
| | Sex FEMALE | | |
| | Residence 47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- | | Date Discharged (most recent) --- |
| | | | Service Number(most recent) --- |
| | Certifier ANDREW ZHU, MD | | |
| CERTIFIER | Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114 | | Lic # 206924 |
| | Immediate Cause of Death CHOLANGIOCARCINOMA | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee WILLIAM L. LAWLER | | Lic # 6262 |
| | Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS | | |
| | Disposition Type CREMATION | | Date of Disposition JULY 31, 2015 |
| | Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 034806 | | Local Permit # 15-14 |
| | Date JULY 29, 2015 | | Date JULY 29, 2015 |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature <div style="text-align: center;">X</div> |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000066632

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 034806

2015 AUG 28 A 11:03

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

| | | |
|---|---|--|
| DECEDENT | Decedent Name HARNEY , MARI-JO CHARLEBOIS | |
| | Place of Death 47 GLEN COURT, SOUTHBOROUGH, MA | |
| | Date of Death JULY 24, 2015 | Date of Birth NOVEMBER 30, 1947 Sex FEMALE |
| | Residence 47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| DECEDENT | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ Service Number(most recent) _____ |
| | _____ | |
| CERTIFIER | Certifier ANDREW ZHU, MD Lic # 206924 | |
| | Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114 | |
| | Immediate Cause of Death CHOLANGIOCARCINOMA | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| DISPOSITION | Funeral Licensee/ Designee WILLIAM L. LAWLER Lic # 6262 | |
| | Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS | |
| | Disposition Type CREMATION Date of Disposition JULY 31, 2015 | |
| | Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | |
| | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 034806 Local Permit # E-PERMIT | |
| PERMIT | Date JULY 29, 2015 Date _____ | |
| | Name of Agent _____ | |
| | _____ | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131 | Signature X |
| | Disposition Type Cremation | Date of Disposition 8/5/15 |
| | | Name of Superintendent or Authorized Designee: Michael D. Sheehan G.M. |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000075562

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 041013

Information necessary for the Certificate of Death has been completed for:

| | | |
|--|--|--|
| DECEDENT | Decedent Name FALCONI , RICHARD E. | |
| | Place of Death 14 NEWTON STREET, SOUTHBOROUGH, MA | |
| | Date of Death SEPTEMBER 09, 2015 | Date of Birth SEPTEMBER 19, 1945 Sex MALE |
| | Residence 14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | |
| | Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | |
| | Certifier SAQIB QURESHI, MD Lic # 1519971 | |
| | Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 | |
| | Immediate Cause of Death RESPIRATORY FAILURE | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type BURIAL | Date of Disposition SEPTEMBER 14, 2015 |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | |
| | State Tracking # 041013 | Board of Health/Agent for: SOUTHBOROUGH |
| | Date SEPTEMBER 10, 2015 | Local Permit # 15-15 Date SEPTEMBER 10, 2015 Name of Agent JAMES F. HEGARTY |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) | Signature X |
| | Disposition Type | Date of Disposition |
| | | Name of Superintendent or Authorized Designee: |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000075562

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 041013

2015 SEP 18 A 7:56

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|---|---|
| DECEDENT | Decedent Name FALCONI, RICHARD E | | |
| | Place of Death 14 NEWTON STREET, SOUTHBOROUGH, MA | | |
| | Date of Death SEPTEMBER 09, 2015 | Date of Birth SEPTEMBER 19, 1945 | Sex MALE |
| | Residence 14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ | | |
| | Date entered (most recent) _____ | Date Discharged (most recent) _____ | Service Number (most recent) _____ |
| | Certifier SAQIB QURESHI, MD Lic # 1519971 | | |
| | Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 | | |
| | Immediate Cause of Death RESPIRATORY FAILURE | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type BURIAL | Date of Disposition SEPTEMBER 14, 2015 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 041013 | Local Permit # 15-15 | |
| | Date SEPTEMBER 10, 2015 | Date SEPTEMBER 10, 2015 | |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery Southborough MA 01772 | | Signature Dwight G. Mooney III |
| | Disposition Type Full Body | Date of Disposition 9/14/2015 | Name of Superintendent or Authorized Designee: D. G. Mooney III |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000074914

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2015 040379**

2015 SEP 18 A 7:56

Information necessary for the Certificate of Death has been completed for:

| | | | |
|---|---|-------------------------------------|---|
| DECEDENT | Decedent Name PIPER , DONNA J. | | |
| | Place of Death MARLBOROUGH HOSPITAL, MARLBOROUGH, MA | | |
| | Date of Death SEPTEMBER 06, 2015 | Date of Birth MARCH 15, 1953 | Sex FEMALE |
| | Residence 138 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) — | | Rank/organization/outfit (most recent) — |
| | Date entered (most recent) — | Date Discharged (most recent) — | Service Number (most recent) — |
| | Certifier STACY N WEISBERG, MD | | Lic # 213821 |
| | Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 | | |
| Immediate Cause of Death PULMONARY EMBOLISM | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|--------------------|---|---|--------------------|
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS | | Lic # 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type BURIAL | Date of Disposition SEPTEMBER 11, 2015 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |

Endorsements

| | | | | |
|---------------|--|--|---|--|
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: MARLBOROUGH | |
| | State Tracking # 040379 | | Local Permit # E-PERMIT | |
| | Date SEPTEMBER 07, 2015 | | Date — | |
| | | | Name of Agent — | |

| | | | |
|---------------------|--|---|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA. 01772 | | Signature James A. Mooney III |
| | Disposition Type Full Body | Date of Disposition 9/11/2015 | Name of Superintendent or Authorized Designee: J. A. Mooney III |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000079136

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 043740

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|---------------------------------------|--|
| DECEDENT | Decedent Name DUTTON , ELIZABETH GAZOULEAS | | |
| | Place of Death 3 METACOMET LANE, SOUTHBOROUGH, MA | | |
| | Date of Death SEPTEMBER 28, 2015 | Date of Birth OCTOBER 27, 1962 | Sex FEMALE |
| | Residence 3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ | Service Number(most recent) _____ |
| | Certifier JOHN G. KRIKORIAN, MD Lic # 36428 | | |
| | Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death METASTATIC BREAST CANCER | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type CREMATION Date of Disposition SEPTEMBER 30, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 043740 | | Local Permit # 15-16 |
| | Date SEPTEMBER 29, 2015 | | Date SEPTEMBER 29, 2015 |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | | Date of Disposition | Name of Superintendent or Authorized Designee: |


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62357

| | | | | | |
|--|--|--|--|---------------------------------|------------------------------|
|  0000079136 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2015 043740 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name DUTTON, ELIZABETH GAZOULEAS | | | | |
| | Place of Death 3 METACOMET LANE, SOUTHBOROUGH, MA | | | | |
| | Date of Death SEPTEMBER 28, 2015 | | Date of Birth OCTOBER 27, 1962 | | Sex FEMALE |
| | Residence 3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| | Branch of military (most recent) | | Rank/organization/outfit (most recent) | | |
| | Date entered (most recent) | | Date Discharged (most recent) | | Service Number (most recent) |
| | Certifier JOHN G. KRIKORIAN, MD Lic # 36428 Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death METASTATIC BREAST CANCER | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition SEPTEMBER 30, 2015 | | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 043740 | | Local Permit # E-PERMIT | | |
| | Date SEPTEMBER 29, 2015 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 | | Signature X John H Cobill | | |
| | Disposition Type Cremation | Date of Disposition OCT 02 2015 | Name of Superintendent or Authorized Designee: John H Cobill | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000080347

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 044555

Information necessary for the Certificate of Death has been completed for:

| | | | |
|---|---|--|--|
| DECEDENT | Decedent Name STODDARD , MARGARET PATRICIA | | |
| | Place of Death 12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death OCTOBER 04, 2015 | Date of Birth MARCH 16, 1937 | Sex FEMALE |
| | Residence 16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| CERTIFIER | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- | Date Discharged (most recent) --- | Service Number(most recent) --- |
| | Certifier SHAHNAZ MONTAQUE, MD | | Lic # 55438 |
| | Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death RESPIRATORY FAILURE | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS | | Lic # 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | |
| | Disposition Type BURIAL | | Date of Disposition OCTOBER 08, 2015 |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 044555 | Local Permit # 15-17 | |
| | Date OCTOBER 05, 2015 | Date OCTOBER 06, 2015 | |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000080347

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # 2015 044555

RECEIVED
2015 OCT -9 A 8:18

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|--|--|---|--|--|
| DECEDENT | Decedent Name STODDARD , MARGARET PATRICIA | | SOUTHBOROUGH, MA | |
| | Place of Death 12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA | | | |
| | Date of Death OCTOBER 04, 2015 | Date of Birth MARCH 16, 1937 | Sex FEMALE | |
| | Residence 16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | |
| | Branch of military (most recent) | | Rank/organization/outfit (most recent) | |
| | Date entered (most recent) | Date Discharged (most recent) | Service Number (most recent) | |
| | Certifier SHAHNAZ MONTAQUE, MD Lic # 55438 | | | |
| DISPOSITION | Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702 | | | |
| | Immediate Cause of Death RESPIRATORY FAILURE | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS | | Lic # 50277 | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | |
| | Disposition Type BURIAL | | Date of Disposition OCTOBER 08, 2015 | |
| | Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | |
| Endorsements | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 044555 | | Local Permit # E-PERMIT | |
| | Date OCTOBER 05, 2015 | | Date — Name of Agent — | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec.C-West, Lot 47N, Grv#4 | | Signature | |
| | Disposition Type Full Earth Burial | Date of Disposition October 8, 2015 | Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeGenzo | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62898



0000095048

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056402

RECEIVED
TOWN CLERK'S OFFICE

2016 JAN 12 P 12:41

Information necessary for the Certificate of Death has been completed for:

| | | | | | |
|-----------|--|--|--|--------------------|------------------------------------|
| DECEDENT | Decedent Name ZSCHOKKE, JENNIFER LYNN | | | SOUTHBOROUGH, MA | |
| | Place of Death 5 NICHOLS STREET, SOUTHBOROUGH, MA | | | | |
| | Date of Death DECEMBER 18, 2015 | | Date of Birth FEBRUARY 09, 1965 | | Sex FEMALE |
| | Residence 5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | |
| | Date entered(most recent) --- | | Date Discharged (most recent) --- | | Service Number(most recent) --- |
| CERTIFIER | Certifier LESLIE SCHWAB, MD | | | Lic # 43020 | |
| | Addr. 330 BAKER STREET, CONCORD, MASSACHUSETTS 01742 | | | | |
| | Immediate Cause of Death BREAST CANCER, METASTATIC | | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|--|--|--|
| DISPOSITION | Funeral Licensee/ Designee JOHN PROWE | | Lic # 5375 |
| | Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS | | |
| | Disposition Type CREMATION | | Date of Disposition DECEMBER 23, 2015 |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | |

Endorsements

| | | | | |
|--------|--|--|--|--|
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 056402 | | Local Permit # 15-60 | |
| | Date DECEMBER 19, 2015 | | Date DECEMBER 21, 2015 | |
| | | | Name of Agent JAMES F. HEGARTY | |

| | | | |
|--------------|---|---|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605 | | Signature John H. Cobell X |
| | Disposition Type cremation | Date of Disposition DEC 23 2015 | Name of Superintendent or Authorized Designee: John H. Cobell |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000095048

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056402

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|--|--|
| DECEDENT | Decedent Name ZSCHOKKE , JENNIFER LYNN | | |
| | Place of Death 5 NICHOLS STREET, SOUTHBOROUGH, MA | | |
| | Date of Death DECEMBER 18, 2015 | Date of Birth FEBRUARY 09, 1965 | Sex FEMALE |
| | Residence 5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| CERTIFIER | Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____ | | |
| | Certifier LESLIE SCHWAB, MD Lic # 43020 | | |
| | Addr. 330 BAKER STREET, CONCORD, MASSACHUSETTS 01742 | | |
| Immediate Cause of Death BREAST CANCER, METASTATIC | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | |
| DISPOSITION | Funeral Licensee/ Designee JOHN PROWE Lic # 5375 | | |
| | Facility JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS | | |
| | Disposition Type CREMATION | Date of Disposition DECEMBER 23, 2015 | |
| | Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | |
| Endorsements | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 056402 | Local Permit # 15-60 | |
| | Date DECEMBER 19, 2015 | Date DECEMBER 21, 2015 | |
| | | Name of Agent JAMES F. HEGARTY | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | | | X |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000092869

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 054617

**RECEIVED
TOWN CLERK'S OFFICE**

2016 JAN -4 P 12:51

Information necessary for the Certificate of Death has been completed for:

| | | |
|---------------------|--|---|
| DECEDENT | Decedent Name TRAKHT , NATAN --- | |
| | Place of Death 1 BUFFALO RUN, SOUTHBOROUGH, MA | |
| | Date of Death DECEMBER 08, 2015 | Date of Birth SEPTEMBER 18, 1922 Sex MALE |
| | Residence 1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702 | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| | Branch of military (most recent) --- | Rank/organization/outfit(most recent) --- |
| | Date entered(most recent) --- | Date Discharged(most recent) Service Number(most recent) --- |
| | Certifier JANE BELKIN, NP Lic # 236680 | |
| DISPOSITION | Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701 | |
| | Immediate Cause of Death PNEUMONIA | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | |
| | Funeral Licensee/ Designee GEORGE RODMAN Lic # 5349 Facility. BREZNIAC RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS Disposition Type BURIAL Date of Disposition DECEMBER 09, 2015 Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | |
| | State Tracking # 054617 | Board of Health/Agent for: SOUTHBOROUGH |
| | Date DECEMBER 08, 2015 | Local Permit # E-PERMIT |
| CONFIRMATION | Date DECEMBER 08, 2015 | |
| | Name of Agent --- | |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| CONFIRMATION | Place of Disposition (Facility Name and Address) Quincy Hebrew Baker St. West Roxbury, MA | |
| | Signature X [Signature] | |
| | Disposition Type Burial | Date of Disposition 12/9/15 |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED

JAN 4 2016

Southborough Board of Health



0000092869

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 054617

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|--|--|
| DECEDENT | Decedent Name TRAKHT , NATAN --- | | |
| | Place of Death 1 BUFFALO RUN, SOUTHBOROUGH, MA | | |
| | Date of Death DECEMBER 08, 2015 | Date of Birth SEPTEMBER 18, 1922 | Sex MALE |
| | Residence 1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | | |
| | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | |
| | Date entered(most recent) _____ | Date Discharged (most recent) _____ | Service Number(most recent) _____ |
| | Certifier JANE BELKIN, NP Lic # 236680 | | |
| DISPOSITION | Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701 | | |
| | Immediate Cause of Death PNEUMONIA | | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | |
| | Funeral Licensee/ Designee GEORGE RODMAN Lic # 5349 | | |
| PERMIT | Facility. BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS | | |
| | Disposition Type BURIAL Date of Disposition DECEMBER 09, 2015 | | |
| | Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201 | | |
| | Endorsements | | |
| CONFIRMATION | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 054617 | | Local Permit # 15-18 |
| | Date DECEMBER 08, 2015 | | Date DECEMBER 08, 2015 |
| | | | Name of Agent JAMES F. HEGARTY |
| I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | |
| Place of Disposition (Facility Name and Address) | | Signature | |
| | | X | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000094638

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056152

Information necessary for the Certificate of Death has been completed for:

| | | | | | | | |
|--|--|--|--|-------------------|------------------------------|---------------------|-------------------|
| DECEDENT | Decedent Name | BUZZELL , CLYDE WARREN | | | | | |
| | Place of Death | 51 SCHOOL STREET, SOUTHBOROUGH, MA | | | | | |
| | Date of Death | DECEMBER 16, 2015 | Date of Birth | NOVEMBER 30, 1942 | Sex | MALE | |
| | Residence | 51 SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM | | | | | | |
| | Branch of military (most recent) --- | | Rank/organization/outfit (most recent) --- | | | | |
| CERTIFIER | Date entered (most recent) | DECEMBER 16, 1964 | Date Discharged (most recent) | FEBRUARY 16, 1970 | Service Number (most recent) | --- | |
| | Certifier | KEVIN B. MARTIN, MD | | | | Lic # | 214152 |
| | Addr. | 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608 | | | | | |
| | Immediate Cause of Death | RESPIRATORY FAILURE | | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | | | |
| DISPOSITION | Funeral Licensee/ Designee | NANCY G MORRIS | | | | Lic # | 50277 |
| | Facility. | MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | | |
| | Disposition Type | BURIAL | | | | Date of Disposition | DECEMBER 19, 2015 |
| | Place/Address | RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | | |
| Endorsements | | | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | | | |
| | State Tracking # | 056152 | Local Permit # | 05-19 | | | |
| | Date | DECEMBER 17, 2015 | Date | DECEMBER 17, 2015 | | | |
| CONFIRMATION | | | Name of Agent | | | | JAMES F. HEGARTY |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | | | |
| | Place of Disposition (Facility Name and Address) | | | Signature | | | |
| | | | | X | | | |
| Disposition Type | | Date of Disposition | Name of Superintendent or Authorized Designee: | | | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000094638

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056152

RECEIVED
TOWN CLERK'S OFFICE

2015 DEC 21 P 3:14

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

| | | | |
|--|--|---|-------------------------------------|
| DECEDENT | Decedent Name BUZZELL , CLYDE WARREN | | |
| | Place of Death 51 SCHOOL STREET, SOUTHBOROUGH, MA | | |
| | Date of Death DECEMBER 16, 2015 | Date of Birth NOVEMBER 30, 1942 | Sex MALE |
| | Residence 51 SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM | | |
| | Branch of military (most recent) --- | | |
| | Rank/organization/outfit (most recent) --- | | |
| | Date entered (most recent) FEBRUARY 16, 1964 | Date Discharged (most recent) FEBRUARY 16, 1970 | Service Number (most recent) --- |
| | Certifier KEVIN B. MARTIN, MD Lic # 214152 | | |
| Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608 | | | |
| Immediate Cause of Death RESPIRATORY FAILURE | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | |
|--------------------|--|
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS |
| | Disposition Type BURIAL Date of Disposition DECEMBER 19, 2015 |
| | Place/Address RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 |

Endorsements

| | | |
|---------------|--|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 056152 | Local Permit # E-PERMIT |
| | Date DECEMBER 17, 2015 | Date --- |
| | | Name of Agent --- |

| | | |
|---------------------|---|---|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#386 | Signature |
| | Disposition Type Full Earth Burial | Date of Disposition December 19, 2015 |

Name of Superintendent or Authorized Designee:
Bridget A. Gilleney-DeCenzo

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.